

PAYMENT INFORMATION FORM

As Government vendors, organizations with PACE contracts are paid by the Department of Treasury through an Electronic Funds Transfer (EFT) program called VENDOR EXPRESS. With VENDOR EXPRESS, Government vendor payments are directly deposited into corporate accounts at financial institutions into corporate accounts at financial institutions on the expected payment date, via the Automated Clearing House (ACH) network.

Please provide the following information to assist the Health Care Financing Administration in establishing payment arrangements for your organization.

PACE ORGANIZATION INFORMATION

NAME OF ORGANIZATION:

DBA, if any:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER (EIN or TIN):

FINANCIAL INSTITUTION

NAME OF BANK:

ADDRESS:

CITY:

STATE:

ZIP CODE:

ACH/EFT COORDINATOR NAME:

TELEPHONE NUMBER:

NINE DIGIT ROUTING TRANSIT (ABA) NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT (CHECKING OR SAVINGS):

To verify account data, please attach a copy of a voided check.

DATE, SIGNATURE & TITLE OF ORGANIZATION REPRESENTATIVE (who is authorized to request changes in this information):

[TO BE COMPLETED BY HCFA: CONTRACT NO. H_____]

PACE CONTRACTOR DATA

ORGANIZATION NAME:

DATE:

ORGANIZATION CONTACTS - GIVE NAMES:

PRESIDENT/CEO: _____

CHIEF FINANCIAL OFFICER: _____

SYSTEMS CONTACT PERSON: _____

RECORD EXCHANGE

Method/medium organization will use to send membership records (select one):*

Litton _____ IBM Global System Dial-Up Access _____
UUNET Technologies _____ Network Data Movers (NDM) _____

Does organization want Reply Reports (Transaction Reply) in (select one):

Electronic Data _____ or Electronic Print Image format _____

Note: All other monthly reports are available only in Electronic Print Image Format

* HCFA has a contract with UUNET Technologies and Litton Enterprise Solutions for access to the Enrollment Data Base and the Group Health Plan Master; you may purchase minimum services only. You can contact them at:

UUNET Technologies; 8260 Greensboro Drive, #700; McLean, VA 22102
Donald Moore, 703-827-9075

Litton Enterprise Solutions; 5490 Canoga Ave; Woodland Hills, CA 91367
Don Yoshimoto, 818-715-5661

If you elect to access the HCFA Data Center, you must complete the forms in this section and send them to the address given in the instructions at the same time that you submit the application. Be sure to include the signature page.

PACE ORGANIZATION AUTHORIZATION FORM

I. ORGANIZATION IDENTIFYING INFORMATION

Name _____

Contract Number(s) H _____; H _____; H _____; H _____

Address _____

Contact Person _____

Telephone # _____

II. THIRD PARTY CONTRACTOR INFORMATION

A. This is to authorize the contractor, as named below, to upload membership records for our organization to the HCFA Data Center. YES (Please circle)

B. This is to authorize the contractor, as named below, to access the HCFA Data Center to download the monthly Grouch reports for our Organization. YES (Please circle)

Name _____

Address _____

Telephone # _____

III. ADDITION OR DELETION OF A Organization

This section authorizes the addition or deletion of an Organization.

A. Addition of a NEW Organization, Contract Number H _____

Name _____

Address _____

Contact Person _____ Telephone # _____

B. Deletion of an Organization, Contract Number H _____

Name _____

Address _____

Contact Person _____ Telephone # _____

HCFA Data Center (HDC) User ID _____

IV. REVOCATION OF THE USE OF A THIRD PARTY CONTRACTOR

This authorizes HCFA to revoke the use of the third party contractor, as named below, for our Organization,

Contract Number H _____, Organization Contract Name _____

Contractor-s Name _____

Address _____

Authorizing Signature

Printed Name

Date

APPLICATION FOR ACCESS TO HCFA COMPUTER SYSTEMS

Read and complete both pages of this form.

1. Type of Request <input type="checkbox"/> NEW UserID <input type="checkbox"/> CHANGE User Information and/or Access <input type="checkbox"/> DELETE UserID	Please indicate UserID (For Change or Delete)
	Preferred Group (For New ID)

2. User: Check here() if this information indicates a change to current user information		<div style="background-color: #cccccc; padding: 10px; text-align: center;"> PLEASE PRINT CLEARLY NON-HCFA </div>
HCFA	NON-HCFA	
Last Name / First Name / MI		Last Name / First Name / MI
Social Security Number (see Privacy Act Advisory Statement on reverse)		Social Security Number (see Privacy Act Advisory Statement on reverse) CONTRACT #
Center / Office / Group / Division / Branch		Company Name
Mail Stop Address Desk Location Address		Company Address
Telephone Number		City State Zip
Telephone Number		Desk Location in Central Office
Telephone Number		Company Telephone Number User Daytime Telephone Number

3. Type of Access: If this is a request for change in access, enter AA® for Add or AD® for Delete									
<input type="checkbox"/> TSO	<input type="checkbox"/> M204	<input type="checkbox"/> PICS	<input type="checkbox"/> HPMS	<input type="checkbox"/> Client/Server	----				
<input type="checkbox"/> Dial-up Access	<input type="checkbox"/> NDM	<input type="checkbox"/> CWF	<input type="checkbox"/> NDM-PC	<input type="checkbox"/> NDM-HOST	<input type="checkbox"/> EFTS	<input type="checkbox"/> MCCOY	Indicate Server or C/S Application		
<input type="checkbox"/> LAN E-MAIL - LAN POST OFFICE	Circle Post Office:	DC1	CO1 (North Bldg.)	CO2 (Central Bldg.)	CO3 (South Bldg.)	FMC	GOV. CT.		
ATL1	BOS1	CHI1	DAL1	DEN1	KCM1	NYC1	PHI1	SEA1	SFO1

4. Authorization - Required for Approval		
We acknowledge that our Organization is responsible for all resources to be used by the person identified in Item 2, above		
HCFA PROJECT OFFICER OR HCFA MANAGER FOR NON-HCFA USER	SUPERVISOR FOR HCFA USER	RACF GROUP ADMINISTRATOR
Print Name JIM LOGAN	Print Name	Print Name JOANNE WELLER
Signature Date	Signature Date	Signature Date
Telephone Number	Center/Office Group Division Branch	Telephone Number
C4-15-10	Desk Location Address	C4-15-20
Desk Location Address Project Expiration Date	Telephone Number	Desk Location Address

THIS REQUEST WILL BE REVIEWED BY THE HCFA SENIOR INFORMATION SYSTEMS SECURITY OFFICER- REV. 6/99 (all others obsolete)

PRIVACY ACT ADVISORY STATEMENT
Privacy Act of 1974, P. L. 93-579

The information on side 1 of this form is collected and maintained under the authority of Title 5 U.S. Code, Section 552a(e)(10). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of HCFA's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnish on this form will be maintained in the Individuals Authorized Access to the Health Care Financing Administration (HCFA) Data Center Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 59 FED. REG. 41329 (08-11-94) and as HCFA may establish in the future by publication in the Federal Register.

Collection of the Social Security Number (SSN) is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in delaying the processing of this request.

SECURITY REQUIREMENTS FOR USERS OF HCFA'S COMPUTER SYSTEMS

HCFA uses computer systems that contain sensitive information to carry out its mission. Sensitive information is any information, which the loss, misuse, or unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. HCFA maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of HCFA's computerized information and resources. HCFA records all access to its computer systems and conducts routine reviews for unauthorized access to and/or illegal activity.

Anyone with access to HCFA Computer Systems containing sensitive information must abide by the following:

- Do not disclose or lend your IDENTIFICATION NUMBER AND/ OR PASSWORD to someone else. They are for your use only and serve as your ~~electronic signature~~. This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use HCFA data files for unauthorized or illegal purposes.
- Do not use HCFA data files for private gain or to misrepresent yourself or HCFA.
- Do not make any disclosure of HCFA data that is not specifically authorized.
- Do not duplicate HCFA data files, create subfiles of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter HCFA data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of HCFA data files.

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/adverse action up to and including removal from Federal Service, depending upon the seriousness of the offense. In addition, Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system illegally.

If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your security officer.

Signature of User

Date

Instructions for completing the APPLICATION FOR ACCESS TO HCFA COMPUTER SYSTEMS

Step 1 - Type of Request Please indicate the type of request () **NEW**, () **CHANGE**, or () **DELETE** by placing an "X" in the ().

Note: For () **NEW** requests, if the User currently has a UserID, please print that UserID under the "() **NEW**" on the form.

Note: For "Change" or "Delete" requests, please indicate the existing HCFA UserID on the appropriate line.

Step 2 - User Information Complete **ALL** information fields for **HCFA** or **Non-HCFA** personnel.

Check the

if the information indicates a change to current user information.

Note: Informational changes can be made in the HIT System, Userlog (#6), by the RACF Group Administrator (RGA), except for name changes. Name changes **MUST** be signed by the user, and submitted to the UserID Issuance Administrator.

Step 3 - Type of Access (HCFA Management is Responsible for Determining the Type of Access Required)

For **NEW** requests, indicate the type of access needed. **(Please check only those accesses REQUIRED.)**

For access **CHANGES**, indicate the change by placing an "A" for **ADD** and "D" for **DELETE** in the appropriate ().

Note: If the accesses checked on the form differ from what is currently in HITS, the HIT System will be changed to match the ACCESS form.

Step 4 - Authorization Supervisor For HCFA User, please complete **ALL** fields for **ALL** actions (New, Change, and Deletes). Supervisors **MUST** sign for **ALL HCFA** employees.

RACF Group Administrator, please complete **ALL** fields

HCFA Project Officer or HCFA Manager For Non-HCFA User, please complete **ALL** fields for **ALL** actions (New, Changes, and Deletes).

Step 5 - Security Requirements for Users of HCFA's Computer Systems The **Statement of Understanding** and the **Privacy Act Advisory Statement** on the reverse of the form **MUST** be **If not submitting an original form, please make certain that the Security Requirements and the User signature are legible.** If **NOT** legible, please return to user and request a new copy.

(All forms not in compliance with the above instructions will be returned to the RGA for corrective action.)

If you have any questions regarding this form, please contact:

Ken Olga (KOlga)

UserID Issuance Administrator

MS: N2-19-18 - Desk: N2-19-16

(410) 786-4067

HCFA

7500 Security Blvd.

Baltimore, MD 21244